

**LVAP Monthly Reporting Form 60**



**NEW JERSEY**  
**CHAPTER**  
**ADDRESS**  
**CONTACT NAME**  
**PHONE NUMBER**

**2019 JANUARY**

New Volunteer	Last Name	First Name	Address	Email	Phone	Date of Birth	Activity Hours														
							A	B	C	D	E	F	G	H	I	Total					

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Revised 12/28/2017

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